



DHHS Request for Treatment Re-Authorization
of MaineCare Section 65M&N
Child and Family Behavioral Health Treatment or
Community Based Treatment for Children without Permanency

Child's Name:

MaineCare#:

Provider MaineCare Billing ID#: _____

Date of Most Recent Treatment Auth: _____

Current LCD (Last Covered Day): _____

Requested By: Name/Credential/Role _____

Agency: _____ Date of Request: _____

Length of Service Requested (Total Number of Days) _____

Date of Last Covered Day (LCD) Requested _____

Est. Avg. Hours of Service per Week: Total: _____ **Est. Clinician:** _____ **Est. BHP:** _____

Total Hours for Covered Period Requested: _____

Diagnosis:

Axis I: _____ Axis II: _____

Axis III: _____ Axis IV: _____

Axis V (CGAS): Entry into Service _____ Current _____

CAFAS: At Entry: _____ Current: _____

Medication(s):

Name	Dose	Freq.	Targeted symptoms:
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1.

2.

Natural Supports available to support child, as identified by parent/caregiver(s):

1.

2.

Describe the Nature of Parent/Caregiver Involvement with Specific Treatment Goals (as Noted Below on this Form) and Typical Hours per Week of their Involvement (Required for 65M):

Re-Authorization Criteria

Please check boxes and complete narratives as appropriate.

All of the following criteria are necessary for continuing treatment at this level of care:

- ☐ Continues to meet admission criteria for this level of care
Target Symptoms/Behaviors:

- ☐ Continued need beyond 90 days based on clinical information and assessment tools
- ☐ Continued need beyond 90 days based on effectiveness of past 90 days
- ☐ Does not require a more intensive level of care and no less intensive level of care would be appropriate.
Rationale:

Treatment planning must be individualized, appropriate to the child/adolescent's changing condition, with realistic and specific goals, objectives and measurable outcomes.

- ☐ Goals and objectives have been modified to address any change in needs due to progress.
List Goals Achieved and How Outcomes are Measured:

1.

2.

3.

List Goals Continuing and How Outcomes are Measured:

1.

2.

3.

List Goals, New and How Outcomes are Measured:

1.

2.

3.

- ☐ Goals and objectives have been modified to address any lack of progress.
- ☐ Progress related to reason for referral is clearly evident or progress is expected with new or modified treatment goals.

Describe Treatment Progress in relation to Referring Problem, and How Progress is Measured:

- ☐ Treatment is structured to achieve optimum results in a timely manner
- ☐ Treatment is rendered in an appropriate manner/focused on discharge information.
There is documented active discharge planning for the end of the service within the next 3 months.
Describe Discharge Plan and the Discharge Criteria (Measurable Outcomes Used to Determine the Client's Readiness for Discharge):

DHHS Use Only:

☐ Approved **Total Hrs:**_____ **Avg Hrs/Wk:** _____Clinician _____ BHP_____ **NEW LCD:**_____

☐ Denied Rationale for Denial: _____

☐ Additional Information Needed. **Date request sent:** _____

Reviewer Signature _____ Date _____